

APPLICATION FOR EUTHANASIA SPECIALIST CERTIFICATION

This application must be completed by a veterinarian licensed in Kentucky or head of the employing agency and the individual seeking to be certified as an animal euthanasia specialist pursuant to Chapter 321 of the Kentucky Revised Statutes adopted by the Kentucky Board of Veterinary Examiners. All questions must be answered and the answers thereto shall be subscribed and sworn to as set below:

PLEASE PRINT OR TYPE

1. Name: _____ SS # _____ Date of Birth _____
2. Animal Control Agency Name: _____
3. Animal Control Agency Address: _____
Street City Zip
4. Work Telephone Number: () _____ Home Telephone Number: () _____
5. Have you ever applied for registration as an animal euthanasia specialist in Kentucky? No ____ Yes ____
If yes, give registration number or reason for denial _____
6. Name of other states in which you are registered/licensed to practice as an animal euthanasia specialist?
(You must provide this board with a letter of good standing from each state's licensure Board or agency)

7. Have you ever had a registration/license denied, suspended or revoked in any state or have you ever received a reprimand as the result of unethical, immoral or illegal conduct by any licensure board or agency?
No ____ Yes ____ If yes, explain _____

8. Have you ever been charged with, convicted of, or pled guilty to a felony or misdemeanor other than a minor traffic violation? No ____ Yes ____ If yes, give details on a separate sheet of paper.

9. Education:

School	Name and Location	Dates Attended		Date of Graduation		Degree Obtained
		From	To	Month	Year	
High School						
Under Graduate School						

10. Attach a copy of your High School diploma, or proof of GED.
11. There must be attached to this application, a cashier's check, certified check or postal money order, made payable to the Kentucky State Treasurer, in the amount of \$50.00.

You are instructed that an applicant for registration shall only be eligible for certification as an animal euthanasia specialist once you have met the following requirements:

- (1) completion of the Animal Euthanasia Specialist Application**
- (2) payment of \$50.00 fee**
- (3) copy of diploma or proof of GED**
- (4) verification of completion of sixteen (16) hours of a Board approved euthanasia training program**
- (5) signature below of the employing veterinarian or agency head verifying you will be employed under his/her supervision as a euthanasia specialist**

I hereby state, under oath, that the statements contained herein are true.

Signature of Applicant

Date

Signature of employing veterinarian or agency head verifying employment of euthanasia specialist

Date

Do Not Write Below This Line - - For Board and Office Use Only

FEE RECEIPT: Amount \$ _____ Date _____

Approved _____ Denied _____

Certification Number _____

Date of Certification _____